Allied Health Assistant Program

Delegation, Monitoring and Evaluation of Allied Health Assistants

Delivering a Healthy WA

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189 Wellington Street Perth 6000
www.wacountry.health.wa.gov.au

Government of **Western Australia**
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INTRODUCTION

Allied Health Assistants (AHA) make up an integral component of WACHS Allied Health Services and make a vital contribution to allied health teams. They work collaboratively with AHPs, fulfilling a range of roles to increase services available to clients and communities.

AHPs are responsible for the management and support of AHAs within the workplace, to ensure they are able to safely and competently perform their role. Delegation and monitoring are key elements of this management and support process. This resource package has been designed to support AHPs in providing these aspects of management. It provides a overview of each element, as well as a guide to and strategies to support AHPs in these undertakings.

All policy, guidelines and resources referred to within this guide are located on the AHA intranet website (http://wachs.health.wa.gov.au/default.asp?rid=7&pid=639).

SECTION 1: TERMINOLOGY

As a workforce, AHAs have been working within WACHS for over a decade. During this time the role of AHAs has evolved and grown. Today AHAs act in numerous roles and work with a diverse range of AHPs in an equally diverse variety of community settings. As the role of AHAs has changed and developed over time, so to has the use of the terms delegation monitoring, and by extension supervision, in the management of the AHA workforce.

Delegation is fundamental to the management of AHAs, as according to WACHS policy AHAs may only conduct activities that have been delegated by an AHP. However, in practice the term *supervision* continues to be used to describe to role of AHP in the management of AHA's overshadowing the importance of the delegating relationship. This ambiguity of language has caused some confusion in the role definition of AHP as managers and delegators to AHAs, and the understanding of AHA scope of practice.

In order to clarify the role of AHPs in management and support of AHAs this document marks a move away from the use of the term *supervision*, towards a terminology with a great focus on the task, activity and role aspects of the AHP/AHA relationship, includes delegation, monitoring and supervision. This strategy reorients the key terms as follows:

Delegation: the process by which an AHP delegates activities to an AHA with appropriate education, knowledge and skills to undertake the activity safely.

Monitoring: an on-going process of reviewing an activity delegated by and AHA to an AHA to ensure set standards or requirements are being met.

Supervision (within the context of this document)**:** a monitoring strategy where an AHP directly observes the competency of an AHA performing a delegated activity; their performance of an activity in different contexts (e.g. different clients) and; for the purpose of developing the AHA skills and competence.

Within this revised framework and the context of clinical practice AHPs are referred to as *designated* or *delegating*, rather than *supervising* therapists. AHPs do have supervision/management roles, however this is seen as different to the role of an AHP in delegating tasks, duties and activities.

SECTION 2: THE DELEGATION PROCESS

2.1 Defining Delegation

Delegation involves transferring to an AHA the authority to perform a selected task in a selected situation. AHAs may only conduct activities that have been delegated by their designated AHP/s. In delegating to the AHA the AHP remains responsible for the outcome of the activity. As such AHP must ensure the AHA is competent to perform the activity safely and that the activity is within the scope of practice of the AHA. The AHP is required to evaluate the required elements of the activity, the AHA's competency and the context before proceeding with a decision to delegate. Delegation relating to a client specific activity also requires triangulation of consent between the Designated AHP, the AHA and the client/ individual.

The process of delegation has three phases:

1. Delegating the Task
   - Identify task to be delegated
   - Determine if the task can be appropriately delegated
   - Delegate the task.
2. Monitoring the Delegated Task
   - Monitoring of task being delegated
   - Provision of feedback
   - The tracking of the delegated activity to ensure that it is being conducted appropriately within the prescribed guidelines.
3. Evaluate the delegation.

2.2 Principles of Delegation

To support AHPs to delegate tasks to AHAs the *WACHS AHA Delegation Guideline* outlines eight principles of delegation. These principles should guide the final decision on delegation of activities to an AHA. Principles are to be applied to demonstrate transparency of the reasoning behind delegation. The principles include:

- The primary motivation for delegation of an activity is to serve the best interests of the client.
- AHP are to only delegate activities that are within the scope of their professional practice and that they are competent to assess, plan, implement and evaluate.
- AHP must only delegate activities that are within the scope of practice of an AHA.
- There are well-defined lines of accountability for the activity (or specific aspects of the activity) when more than one professional is involved in delegating an activity.

- The AHA has the appropriate role, level of experience, competence and confidence to carry it out the activity.
- The AHA shares responsibility for raising any issues and requesting additional support throughout the delegation and monitoring process.
- The delegating AHP is able to provide the type and frequency of monitoring the activity requires.
- The activity will only be conducted by the AHA in a context in which they are able to demonstrate competency.

2.3 Supporting Policy and Guidelines

All AHPs delegating to AHAs should be aware of and comply with the following WACHS policies and guidelines:

- WACHS Allied Health Assistant Policy
- WACHS Allied Health Assistant Scope of Practice Guideline
- WACHS Allied Health Assistant Management Guideline
- WACHS Allied Health Assistant Roles, Responsibilities and Competencies Guideline
- WACHS Allied Health Assistant Delegation Guideline.

The policy and associated guidelines are accessible at http://wachs.health.wa.gov.au/default.asp?rid=7&pid=669.

SECTION THREE: DELEGATION IN PRACTICE

3.1 Task Identification

The first task for the AHP in delegation is to identify the task for delegation. This is determined by identification of the needs of the client through assessment and care planning, and consideration of the scope of practice and roles that can be undertaken by an AHA. The AHP then needs to analyse the task by:

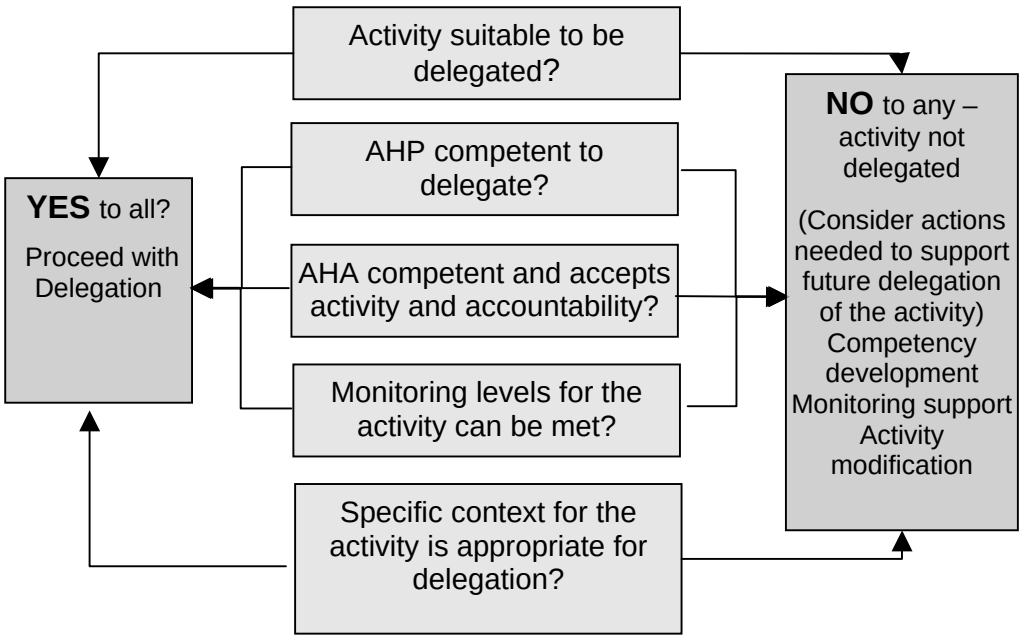
1. Breaking the task into parts or discrete elements

2. Evaluating the task in terms of:
   - Knowledge required to complete the task
   - Skills required to perform the task
   - Personal traits that would be helpful.

3.2 Delegation Decision Making

Once the task for delegation has been identified, the next stage of the delegation process involves decision-making with regards the appropriateness of delegation of the task to the AHA.

The Delegation Decision Making Framework below has been designed to assist AHPs in the decision making process, and should be used in addition to the principles of delegation outlined previously.



3.3 Applying the Delegation Decision Making Framework

In practice, the Delegation Decision Making Framework requires the AHP to consider the following questions:

Is the activity suitable to be delegated?	• Is the task/activity within the scope of practice of the delegating AHP? • Is the task/activity within the scope of practice for the AHA? • Are their any regulatory requirements or restrictions for the activity?
Is the AHP competent to delegate and accepts accountability?	• Do you have the appropriate skills, knowledge and education to delegate? • Are you competencies current? • Do you accept accountability for performance of the task.
Is the AHA competent and accepts the activity?	• Does the AHA have the appropriate skills, knowledge and education undertake the activity? • Are his/her competencies current? • Is the AHA confident to undertake the activity? • Does the AHA accept delegation of the task?
Monitoring levels for the activity can be met?	• What monitoring is required? • What resources/environment/time is needed to meet the requirements? • Are you/AHA able to meet the monitoring requirements?
Specific context for the activity is appropriate for delegation?	• What task factors need to be considered (complexity) • What client factors need to be considered (severity, stability, complexity issue/management) • What technologies are involved (equipment) • What environmental factors need to be considered (access to other health professionals, infection control, safety procedures)? • What are the risks associated with the task (client, AHA, AHP others)?

3.4 Delegating the Task

It is important when delegating a task to provide clear instruction and description of the task to be carried out. In defining the task the AHP must be clear, concise, correct, complete in his/her communication. The instruction should include not only the *what* (what is the task), but the *how* (how should the task be conducted), *who* (who can the task be conducted with), *when* (when can the task be conducted), and *where* (when can the task be conducted).

Delegating tasks to an AHA should follow the SMART acronym, or better still, be SMARTER. That is, delegated activities should be:

- **S**pecific
- **M**easurable
- **A**greed
- **R**ealistic
- **T**ime bound
- **E**thical and
- **R**ecorded.

In addition to following a SMARTER framework, when delegating activities to AHAs, AHPs should:

- **Ensure** the activity meets the requirement of the Delegation Decision Making Framework
- **Match** the delegated activity with the competency level of the AHA
- **Explain** the reasons for undertaking a delegated activity, and how the activity fits into the treatment plan of the client and the outcomes of the health service
- **Document** the requirements of delegated activities
- **Clarify** what must be achieved within a delegated activity. How will the task be measured? How will the activity be monitored?
- **Consider** contingency plans that may be needed and document options for support to be accessed by the AHA for a delegated activity.
- **Get feedback** by asking the AHA to paraphrase the reasons for the activity and the steps required to complete the activity. Gain their *Agreement* to the Delegated Activity.
- **Abide** by the Monitoring plan or respond to the need for change or adjustment to the monitoring plan if it isn't working effectively.
- **Provide Feedback** to the AHA on their performance of the activity

**Within delegation AHPs must absorb the consequences of failure, and pass on the credit for success.

3.5 Aspects of Delegation

Levels of Delegation

When delegating tasks to AHAs the degree of flexibility, accountability and responsibility within the task that must be considered. Delegation isn't just a matter of telling an AHA exactly what to do. It involves consideration of the skills and competencies of the AHA (e.g. a more experienced and skilled AHA may require less specification of instruction than an inexperienced AHA) and the complexity and risk associated with a delegated task (e.g. a task with a risk of injury will require a high level of specification by the AHP).

Within the boundaries of the scope of practice of AHAs and safe work practices degrees of flexibility, accountability and responsibility within the AHA work role is central to staff satisfaction and motivation. AHAs will feel more involved, engaged and motivated if they feel they are being trusted with important responsibilities or activities. If they are required to think about the task, consider alternatives and make choices, the work itself becomes more rewarding.

Examples of levels of delegation can include:

- Precise instructions provided for delegated activities with no freedom for the AHA.
- Instructions provided in delegation, with some freedom for AHA to determined aspects of activity within set guidelines.
- Activities delegated with freedom in increasing or decreasing difficulty within set guidelines.

Agreement

In the delegation of activities AHPs should negotiate and document the AHAs agreement to taking on the delegated activity. This agreement entails the AHA accepting the activity, and the expectations and responsibility linked to the activity. There are two key reasons for obtaining this agreement:

- AHAs cannot be held responsible for activities or tasks that they have not agreed to complete;
- All staff, including AHAs, are more committed to successfully completing an activity or delivering a responsibility if they've been through the process of agreeing to do it and have been a part of determining the activity.

In negotiating this agreement, AHPs must give the AHA the opportunity to discuss, question and suggest issues concerning expectations attached to a delegated task.

Communication Skills

Delegation by its nature has a risk of being seen as an imposition rather than a two-way process. The success of delegation relies heavily on effective communication. AHPs must exercise strong verbal communication skills when negotiating an activity and reaching agreement with an AHA over a particular task. It is important that the AHA has a clear understanding of how to undertake an activity and the expected outcome, what their responsibilities are, how the activity will be monitored, and the support available to them. Effective verbal communication allows the AHP to convey these messages. Delegation is a two-way process and necessitates collaboration and communication between the AHA. Communication needs to not only occur from the AHP to the AHA, but also from the AHA to the AHP.

Documentation

Delegated activities are most successful when they are well documented. All delegated activities should be documented (unless they are straightforward and part of daily routine), including a clear description of the how to complete the delegated activity and the desired outcome, how the activity will be monitored (see monitoring plan below), and the support available to AHA in completing the activity.

Documentation essentials include:

- Concise simple statements with one concept per sentence for ease of reading
- Dot points to keep your information clear
- Definitions of technical terms for clarity.

SECTION 4: MONITORING & EVALUATION

4.1 Defining Monitoring

Monitoring describes the process of ensuring the delegated activity is being completed safely and competently in the manner that is required. Monitoring the AHAs performance of delegated activities allows AHPs to (1) ensure the AHA is competent to undertake that activity, (2) ensure that the activity is being completed appropriately and is compliant with instructions, (3) modify the activity and/or instruction as required, (4) to determine where the AHA may need further support or development, (5) and to ensure the outcomes of the activity are appropriate.

Supervision within the monitoring process describes the direct observation of the AHA performing a clinical activity by the designated AHP. Supervision by this definition allows AHPs to (1) Monitor the performance of an activity for safety and quality purposes, (2) assess the AHA competency to complete a delegated activity, and (3) when necessary, provide immediate feedback and demonstration of aspects of an activity to improve performance.

4.2 Monitoring Conditions and Strategies

Determining Monitoring Considerations

Appropriate monitoring methods and frequency of will depend on a range of factors including the nature of the delegated activity/task, the client condition (severity, stability etc), the setting/environment, and the skills and competence of the AHA. When determining the monitoring conditions the AHA should consider the following:

Nature of the delegated task	• How complex is the task? • Does the task carry risk of injury to client, health professional, other?
The Client	• Severity and complexity of the health issue? • Stability of the health condition? • Risk of deterioration • Degree of potential impact of the task on the client? • Client anxiety
Setting/Environment	• Proximity to delegating AHP • Proximity to other health professionals • Frequency of contact with the AHP
Skills and Competencies of the AHA	• Current skills and competencies • Experience level with similar tasks • Frequency of conducted delegated tasks

Monitoring Strategies

There are several methods that can be employed by AHPs to monitor the AHAs performance of a delegated activity.

Direct Monitoring

- Observation of activity performance / completion (we refer to this as supervision) in person, via Telehealth, or even via video-recording.
- Verbal feedback from the AHA
- Written feedback from the AHA

Indirect Monitoring

- Tracking of activity performance
- Review of notes or records
- Review of log books, diary, timetables
- Measurement of outcomes using assessment tools

4.4 Determining the Frequency and Type of Monitoring

The following table provides aims to provide assistance to AHPs in determining the frequency and type of monitoring required for given tasks. The table is a guide only and must be guided by the AHP decision-making and knowledge of the context, client, task and AHA.

Task Complexity / Delegation	Simple, routine task Recurrent delegation	Simple non-routine task New delegation	Complex, routine task Recurrent delegation	Complex task, non-routine task New delegation.
Client Condition	Stable Simple condition/issues	Stable More complex condition	Fluctuating More complex condition	High degrees of fluctuation/instability Complex condition/issues
Skills and Competencies	Demonstrated advanced competency Recent experience Frequently conducted	Demonstrated advanced competency Past experience. Occasionally conducted	Demonstrated competency basic competency / competency assessment required Past experience Occasionally conducted	Demonstrated competency basic / competency assessment required No past experience Never conducted
Impact on service	Minimal	Some quality impact	Moderate impact on quality	Significant impact on quality
Adverse Risk	Minimal	Mildly attributable to performance	Moderately attributable to performance	Directly attributable to performance
Timeframe	Significant time can elapse before error has an impact	Some time before impact evident	Short time before impact evident	Immediate/ rapid impact evident
FREQUENCY OF MONITORING	*Intermittent monitoring*	*Regular monitoring*	*Frequent monitoring*	*Frequent, continuous monitoring*
TYPE OF MONITORING	*Indirect monitoring*	*Direct &indirect monitoring +some supervision*	*Direct & indirect monitoring + frequent supervision*	*Direct Monitoring + supervision at all times.*

4.4 Monitoring Plans

Before delegating an activity to an AHA, AHPs should develop a strategy for monitoring the particular delegated activity with reference to the table outlined above: that is they should develop a *monitoring plan*. As the name suggests a monitoring plan should reflects how the AHP plans to monitor the delegated activity. It is useful to document the monitoring plan within the broader documentation of the delegated activity.

In developing a monitoring plan the AHP should consider:

- What will be monitored?
- Which monitoring strategies will be employed?
- How regularly will the monitoring occur?
- What mode of communication (e.g. face to face, phone, videoconference) will be employed during the monitoring process?

4.5 Evaluation

Evaluation is an important element of the delegation and monitoring process. It involves consideration of delegation at three levels: (1) performance of the activity, (2) the process of delegation, and (3) client outcome for the delegated activity. The outcome of the evaluation at each of these levels and pathways to evaluation are outlined in the below.

1. Performance of the Delegated Activity

   Evaluation Outcome: Allows for review of AHA competence, refinement of skill, further development of learning and development plans if necessary, and the identification of influences/considerations for other delegation tasks

   Evaluation Pathway: Observation, de-brief and feedback with AHA, notes etc (strategies)

2. Delegation Process

   Evaluation Outcome: Allows for consideration of the delegation process itself (not the task being delegated). This allows the AHP and AHA to reflect on what worked well within delegation of the activity, what didn't work well, and how can these issues be rectified in the future to improve delegation between the AHP and AHA.

   Evaluation Pathway: Self reflection and feedback from AHA

3. Client Outcome

   Evaluation Outcome: Assess appropriateness and impact of the delegated activity on the client (e.g. outcomes, progress).

   Evaluation Pathway: Through client review, outcome measures and progress notes.

REFERENCES

Tannenbaun, R & Schmidt, W. (1973), How to Choose a Leadership Pattern, in Harvard Business Review.

Chapman, A. Tannenbaum and Schmidt: Model of Delegation and Team Development, accessed at: http://www.businessballs.com/tannenbaum.htm.

For enquiries regarding this package please contact:

WA Country Health Service

www.wacountry.health.wa.gov.au

Ph: 08 9223 8500